

## TRAVEL EXPENSE CLAIM

Traveler ID: Unit Code  
210

STAFF

BK Trip? ☐ Yes ☐ No

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CLAIMANT'S NAME

Karen Baker

Fiscal Year  
2008-2009

2008TEC1635

SSN OR EMPLOYEE NUMBER\*

DEPARTMENT  
OPR

POSITION

Executive Director

CB/ID NO.:  
EXEMPT

DIVISION OR DEPARTMENT

California Volunteers

PCA #

21101

RESIDENCE ADDRESS\*

HEADQUARTERS ADDRESS

1110 K Street Suite 210

TELEPHONE NUMBER

916-323-7646

CITY

Sacramento

STATE

CA

ZIP CODE

95864

CITY

Sacramento

STATE

CA

ZIP CODE

95814

(1) MONTH/YEAR

Mar 2009

(3)

LOCATION  
WHERE EXPENSES  
WERE INCURRED

(4)

LODGING

(5)

MEALS

BREAK-  
FAST

LUNCH

O.T., L.T.,  
N/C, RELO,  
OR DINNER

(6)

INCIDENT-  
TALS

(7)

TRANSPORTATION

(A)

COST OF  
TRANS.

(B)

TYPE  
USED

(C)

CARFARE,  
TOLLS,  
PARKING

(D)

PRIVATE CAR USE

MILES

AMOUNT

(8)

BUSINESS  
EXPENSE

(9)

TOTAL  
EXPENSES  
FOR DAY(2)  
DATE TIME3/26 0600  
1900

Sac/Burbank/Sac

~~\$40.00~~

\$9.00

36

\$19.80

~~\$38.80~~  
28.80

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

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\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

(10)

SUBTOTALS

~~\$40.00~~

\$9.00

?

19.8

~~\$38.80~~  
28.80

COLUMN CODE (AGENCY USE ONLY)

CLAIM TOTAL

~~\$38.80~~ 28.80

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended and spoke at Disaster Corps Program Coordinator Meeting

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE

4/3/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

4.3.09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE